**Ref: GJF/2017/09/10**

# GJF Logo

# Board Meeting: 14 September 2017

**Subject:** Business update – July 2017

**Recommendation:** Board members are asked to note the report.

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**1 Background**

Patient activity is reported on a monthly basis, both by month and year to date. Data is primarily measured in episodes of care. However, data is also captured to reflect the number of procedures being carried out by Board, by specialty. This information is particularly relevant to referring Boards who are allocated activity and measure their activity/throughput at the Golden Jubilee National Hospital (GJNH) in numbers of procedures.

Appendix A to this document is provided for information purposes and reflects the number of patients treated against an annual plan of 16,546 (patients).

Appendix B to this document is adjusted to represent theatre slots used (as opposed to numbers of patients) in both orthopaedic surgery and plastic surgery. This allows us to more accurately reflect actual theatre utilisation and allows us to focus on maximising the theatre capacity that is available to us.

Referring Boards receive a monthly monitoring document which provides them with a detailed breakdown of the number of patients referred, their complexity and the number of theatre slots used to treat them.

**2 Inpatient/Day Case/Diagnostic Imaging Activity Analysis July 2017**

Activity for inpatients/day case procedures measured against a projection of 16,621 (which excludes cardiothoracic/cardiology activity) was behind plan by 7% for the month of July, when activity is adjusted to reflect complexity (Appendix B).

Measured against a total activity projection of 46,071, the combined inpatient/day case and imaging activity at the end of July was 4.3% behind plan when adjusted to reflect complexity (Appendix B).

1. **Analysis of Performance Against Plan at End July 2017**

**3.1 Orthopaedic Surgery**

The annual target for orthopaedic joint replacements for 2016/17 is based on 3,803 primary joint replacements. This number is calculated on the basis of one patient to one theatre slot. Each session equals two primary joint theatre slots. However, based on experience over the recent years, we have made the assumption that the number of complex joint replacements likely to be referred for treatment would be approximately 9%. These procedures typically take the equivalent theatre space of 1.5-2 primary joint replacements.

In addition to the 3,803 primary joint replacements, there is a target number of 681 orthopaedic non-joint procedures and 550 foot and ankle procedures for the year. This equates to a total of 5034 orthopaedic theatre slots per annum (as documented in Appendix B).

At the end of July, orthopaedic joint activity was ahead of the year to date plan by 22 primary joint replacements and 32 orthopaedic foot and ankle procedures although behind by 61 procedures in the month. Throughout 2016, there was a higher than expected demand for foot and ankle surgery and lower orthopaedic ‘other’ than expected. Activity was realigned for 2017/18 to take this into account, however, there appears to still be a slight imbalance. Overall, orthopaedic surgery is currently slightly behind plan by only seven theatre slots.

**3.2 Ophthalmic Surgery**

As has been the trend since the beginning of the financial year, Ophthalmology activity was again behind plan for the month of July by a further 56 procedures. This is largely attributable to consultant availability. In addition to this challenge, theatre lists carried out in the mobile theatre continue to run at a maximum of six procedures per list. This reduction was intended to allow consultants to familiarise themselves with the new operating environment. However, this level of activity has continued longer than expected. The planned activity for the mobile unit was modelled on delivering seven procedures per list.

**3.3 General Surgery**

General surgery performed slightly behind target by four procedures although remains ahead of plan year to date. There have been no requests for additional activity there were therefore no weekend operating lists carried out for general surgery in July.

**3.4 Plastic Surgery**

For reporting purposes, Plastic Surgery has been split and will be monitored throughout 2017/18 as hand surgery, minor plastic surgery and major plastic surgery. Hand surgery was behind plan for the month of July by 41 procedures. Minor and major plastic surgery procedures were slightly behind plan.

**3.5 Endoscopy**

The endoscopy service performed behind plan by 19 procedures in July.

**3.6 Diagnostic Imaging**

In order to meet the ongoing demands of referring Boards, and while the new permanent MRI unit is under construction, agreement was reached for the mobile MRI scanner to remain on site at GJNH for the full year. The activity associated with the mobile unit is included in full year target number. Challenging activity targets have been set for 2017/18 and while 2,179 examinations were carried out, this is behind the monthly plan by 174 examinations.

**4 Current Situation**

* Orthopaedic activity remained high in July. However, there were challenges for the service when a theatre was out of commission for a period of time while equipment was being upgraded. The Division had a plan in place to, as far as possible, minimise the impact on the service. Additionally, one of our highly productive surgeons has now left the organisation. Interviews for his replacement have taken place and an appointment has been made.
* Hand surgery is carried out by a single operator. Therefore the impact of annual leave is the cause of the shortfall. It is expected that this will be rectified in August.
* The number of cataract procedures being carried out per session in the mobile theatre remained less than originally planned in July. This was due to lists being reduced to a maximum of six cataracts per session while consultants familiarised themselves with the equipment and the environment they are operating in. However, we are in discussion with the supplier of the mobile theatre and the consultants to explore options for improving the environment to enable us to increase theatre lists from six procedures to seven as soon as possible. Additionally, we recently advertised for additional Ophthalmic Surgeons although there were no suitable applicants on this occasion. Recovery of the cataract shortfall is a priority for Divisional team and all options are currently being explored.
* There is a shortfall of 63 scopes year to date. Additional theatre capacity will be made available in September and October to recover this shortfall.
* The shortfall in Diagnostic Imaging is due to a delayed start date for the ultrasonographer who will operate the recently installed second ultrasound machine. The ultrasonographer has now taken up post and we expect this to have an immediate positive effect in productivity.

1. **Recommendation**

Board members are asked to note the report.

**June Rogers**

**Director of Operations**

**24August 2017**